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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
for FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 905**Complete if Known**

Application Number	09/578,631
Filing Date	May 25, 2000
First Named Inventor	William H. Barber, et al.
Examiner Name	Robert E. Chilcot
Art Unit	3627
Attorney Docket No.	387953

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____☒ Deposit Account Deposit Account Number: 12-0600 Deposit Account Name: Lathrop & Gage LC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)☐ Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity
Fee (\$)

50

Each independent claim over 30 (including Reissues)

200

Multiple dependent claims

360

Total Claims**Extra Claims****Fee(\$)****Fee Paid (\$)**

_____ -20 or HP= _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee(\$)****Fee Paid (\$)**

_____ - 3 or HP= _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims**Fee (\$)****Fee Paid (\$)****3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____


_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : RCE Fee (\$395); Petition for 3 Month Extension of Time (\$510)

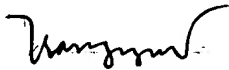
Fees Paid (\$)**\$905****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	38,356	Telephone	720-931-3000
Name (Print/Type)	Curtis A. Vock			Date	January 4, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



CERTIFICATE OF MAILING BY EXPRESS MAIL POST OFFICE TO ADDRESSEE (37 CFR 1.10)			Matter No. 387953
Applicant(s): William H. Barber, et al.			
Serial No. 09/578,631	Filing Date May 25, 2000	Examiner Robert E. Chilcot	Group Art Unit 3627
Invention Disk Dispensing And Retrieval System And Associated Methods			
<p>I hereby certify that this Request For Continued Examination (RCE) Transmittal (1 page in duplicate); Amendment And Response (23 pages); Declaration of William H. Barber Pursuant to 37 CFR § 1.131 (21 pages); Exhibit 1 (12 pages); Exhibit 2 (10 pages); Exhibit 5 (1 page); Declaration of Scott Mackey Under 37 CFR § 1.131 (3 pages); Fee Transmittal FY 2005 (1 page in duplicate); Petition For Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate), authorization to charge \$905.00 (\$395 for the RCE fee and \$510 for the extension fee), authorization to charge \$905.00 (\$395 for the RCE fee and \$510 for the extension fee); authorization to charge additional fees that may be required, or credit any overpayment, to Deposit Account No. 12-0600; and return post card are being mailed in an envelope addressed to: Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 4th day of January, 2005.</p>			
<div style="text-align: right;"><u>MiMi Nguyen</u> Name of Depositor</div>			
<div style="text-align: right;"> Signature of Depositor</div>			
<div style="text-align: right;"><u>EV233152809US</u> Express Mail Label No.</div>			